

Case Number:	CM14-0123310		
Date Assigned:	08/08/2014	Date of Injury:	12/20/2013
Decision Date:	09/24/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	08/04/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 36-year-old female who has submitted a claim for cervical intervertebral disc displacement without myelopathy associated with an industrial injury date of December 20, 2013. Medical records from 2013 to 2014 were reviewed. The patient complained of neck pain radiating to upper extremities, upper back pain, and lower back pain radiating to the lower extremities. The patient has received 6 physical therapy sessions. However, response to treatment was not discussed. Physical examination showed tenderness of the posterior neck and right lower back with muscle spasm; limitation of motion of the cervical and lumbar spine; and positive Lasegue's test on the right. The diagnoses were cervical spine disc bulge with musculoligamentous strain, and lumbar spine 4mm disc protrusion at L4-5 with right-sided L5 radiculopathy. Current pain medications include Soma for spasm, Protonix for GI upset, and Ultram for pain. Treatment to date has included oral analgesics, physical therapy, and acupuncture. Utilization review from June 30, 2014 denied the requests for physical therapy 3x4 cervical spine and lumbar spine because there was no evidence of symptomatic relief and functional improvement from prior physical therapy sessions; Protonix 20mg #60 because it is not considered as first-line PPI and there is no indication of GI upset associated with oral medication use; and Soma 350mg #120 due to long-term use without any clear clinical rationale.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical Therapy 3 X 4 cervical spine and lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Preface: Physical Therapy Guidelines.

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. According to ODG, patients should be formally assessed after a "six-visit clinical trial" prior to continuing with the physical therapy. In this case, the patient has received 6 sessions of physical therapy. However, response to treatment was not discussed. The guideline requires assessment of response after 6 trial visits prior to continuing treatment. The medical necessity has not been established. A clear rationale was not provided for continued physical therapy. Therefore, the request for 3 X 4 cervical spine and lumbar spine is not medically necessary.

Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, G I symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: As stated on page 68 of Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be started with proton pump inhibitor. In this case, there was no documentation of intolerance to oral medications or gastrointestinal disturbance. Furthermore, the patient does not meet the criteria for those at risk for gastrointestinal events. Therefore, the request for Protonix 20mg #60 is not medically necessary.

Soma 350mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma); Carisoprodol (Soma, Soprodal 350TM, Vanadom, generic available) Page(s): 29; 65.

Decision rationale: As stated on pages 29 and 65 of CA MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol is not recommended and is not indicated for long-term use. It is a commonly prescribed centrally acting skeletal muscle relaxant whose primary active

metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. In this case, Soma intake was noted since April 2014. The guideline does not recommend carisoprodol and its long-term use. Moreover, there was no objective evidence of overall pain improvement and functional benefits derived from its use. The medical necessity has not been established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Soma 350mg #120 is not medically necessary.